

CERTIFICATED COMPANY INFORMATION

Telquest Communications Corp

Company Name

FEIN/SSN

TQC Communications Corp

239-513-1811

Db/a/fka

Telephone #

3000 Immokalee Rd, Suite #1

Mailing Address

Naples, FL 34110

Posted: led

City, State, Zip Code

Same

Dept: SA/ORS

Business Location

Collier

Date: 3/18/09

City, State, Zip Code

County

Time: 1:10

REGISTERED AGENT INFORMATION

Registered Agent: Buddy Pack

Mailing Address: Same as above

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- Buddy Pack
- A. **General Manager** (Include Address if different than above)
239-513-1811 / 239-513-1808 / bpack@tqcc.com
Telephone Number / Facsimile Number / E-mail Address
- Buddy Pack
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
Same / /
Telephone Number / Facsimile Number / E-mail Address
- Buddy Pack
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
Same / /
Telephone Number / Facsimile Number / E-mail Address
1-800-643-4616
- C2. **Customer Contact** (Toll Free Number)
-
- D. **Engineering Operations** (Include Address if different than above)
/ /
Telephone Number / Facsimile Number / E-mail Address

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E. **Test and Repair** (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)

1-800-643-4616 /
Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. **Regulatory Officer** (Include Address if different than above)
Buddy Pack

Same /
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings** (Name)

(Mailing Address)

/ /
Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings** (Name)

(Mailing Address)

/ /
Telephone Number / Facsimile Number / E-mail Address

J. **Universal Service Fund Mailings** (Name)

Same
(Mailing Address)

/ /
Telephone Number / Facsimile Number / E-mail Address

K. **Gross Receipts Mailings** (Name)

(Mailing Address)

/ /
Telephone Number / Facsimile Number / E-mail Address

Buddy Pack

This form was completed by

President

Title

Buddy Pack
Signature

/ 3/6/09

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201